

A. WELFARE CASE NUMBER	
<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>
B. CIU/CIP REFERRAL AGENCY	C. DATE OF APPLICATION
D. MANDATORY CASH ASSISTANCE CLIENT	<input type="checkbox"/> YES <input type="checkbox"/> NO

## I. BASIC CHARACTERISTICS

1. CLIENT NAME (LAST, FIRST, MIDDLE)		2. SEX	
<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div></div>		Male <input type="checkbox"/> Female <input type="checkbox"/>	
3. ADDRESS (NUMBER, STREET, CITY)		ZIP CODE	
		<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div></div>	
4. AGE		5. CLIENT PHONE NUMBER	
<input type="checkbox"/> 16-17 <input type="checkbox"/> 18-64 <input type="checkbox"/> Over 65		(      )	
<p>Disclosure of your Social Security Number is voluntary and does not affect your eligibility for services. Your Social Security Number may be used to assist State, County, and Voluntary Agencies in the administration of the Refugee Resettlement Program authorized by the Refugee Act of 1980, P.L. 96-212 and to monitor the effectiveness of agencies in providing refugee services.</p>			
6. SOCIAL SECURITY NUMBER		7. ALIEN NUMBER	
<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>		<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>	
8. CAMP ENGLISH PROFICIENCY LEVEL (FROM 1-94)			
<input type="checkbox"/> Level A <input type="checkbox"/> Level B <input type="checkbox"/> Level C <input type="checkbox"/> Level D <input type="checkbox"/> Level E <input type="checkbox"/> Level F <input type="checkbox"/> Not Applicable			
9. PRIOR EDUCATION			
NONE <input type="checkbox"/> 1-6 Years <input type="checkbox"/> 7-11 Years <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate or Higher <input type="checkbox"/>			
10. STATE OF INITIAL RESETTLEMENT		11. DATE OF ENTRY TIME IN THE U.S.	
<input type="checkbox"/> California <input type="checkbox"/> Other State		<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> MO YR </div> <input type="checkbox"/> 0-12 months <input type="checkbox"/> 13-36 months <input type="checkbox"/> over 36 months	
12. COUNTRY OF ORIGIN			
<input type="checkbox"/> Iran/Iraq <input type="checkbox"/> Cambodia <input type="checkbox"/> Other Southeast Asia <input type="checkbox"/> Ethiopia <input type="checkbox"/> Soviet Union <input type="checkbox"/> Romania			
<input type="checkbox"/> Afghanistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Caribbean/Latin America <input type="checkbox"/> Other African <input type="checkbox"/> Hungary <input type="checkbox"/> Other Eastern European			
<input type="checkbox"/> Other Middle East <input type="checkbox"/> Laos <input type="checkbox"/> Poland <input type="checkbox"/> Other (specify) _____			
13. EMPLOYMENT STATUS			
Not Employed <input type="checkbox"/> Employed Part-time <input type="checkbox"/> If Employed, hours per week:			
Employed Full-time <input type="checkbox"/>			

14. CASH ASSISTANCE STATUS

Is client currently receiving cash assistance?    a. ☐ Yes    ☐ No    If Yes, AU size

b. If yes, what type?

☐ AFDC-FG    ☐ SSI    ☐ RCA

☐ AFDC-U    ☐ Other (GR, GA, Matching Grant, Reception & Placement)

c. If no,

MONTHLY FAMILY INCOME NON CASH ASSISTANCE

\$560 or less ☐    \$941 to \$1265 ☐    More than \$1490 ☐

\$561 to \$940 ☐    \$1266 to \$1490 ☐    Family Size

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15. CURRENT STUDENT STATUS

☐ Full-time    ☐ Part-time    ☐ Not in school

TYPE OF SCHOOL

☐ Primary School    ☐ Secondary School    ☐ College/University    ☐ Other post-secondary (trade or business school, etc.)

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16. IS CLIENT....

a. a refugee/entrant?    ☐ Yes    ☐ No    If no, give reason: \_\_\_\_\_

b. 16 years or older?    ☐ Yes    ☐ No    \_\_\_\_\_

c. a full-time student in primary or secondary school?    ☐ Yes    ☐ No    \_\_\_\_\_

d. eligible for services?    ☐ Yes    ☐ No    \_\_\_\_\_

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**PART B. ASSESSMENT**

17. Previous Work History (In native country, refugee camp, or USA)

[illegible]

18. A. Is the applicant currently enrolled in a refugee employment services/training program or previously participated in one within the current FFY? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

- B. Services/training components received? \_\_\_\_\_

- C. When were services/training received? (Indicate month and year in current FFY) \_\_\_\_\_

- D. Any non-RESS/TA funded training? (Indicate month and year) \_\_\_\_\_

19. Marketable Skills:

## 20. Results of Basic English Skills Tests (BEST)

DATES	STUDENT PERFORMANCE LEVEL (SPL)

21. Barriers to Employment or Training:

### SELF-SUFFICIENCY/EMPLOYABILITY (For All of the AU)

## PROGRESS RECORD

	COMPLET
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\* ESL, VESL, Vocational Training, Employment Services, OJT, Work Experience, Education Services

\*\* Job Placement, Family Related Issue, Transportation, Failure to Comply, Lost Contact, Other.

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**PART C. TO BE READ AND SIGNED BY APPLICANT OR READ TO APPLICANT IN APPLICANT'S NATIVE LANGUAGE**

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All applicants/recipients of social services in California are entitled to a State Hearing when an action is taken to discontinue, reduce or deny services. Requests for a hearing should be made in writing to "Chief Referee", Department of Social Services 744 P Street, M.S. 6-100, Sacramento, California 95814; or by telephone to the Public Inquiry and Response Office toll-free (800) 952-5253 (for the deaf only (800) 952-8349).

The information requested above is in accordance with the Refugee Act of 1980 (P.L. 96-212); MPP DIV. 69 and Sec. 42-700-1000; California Civil Code Sec. 1798; AB 3254 (Chapter 379); and 42 CFR 250. We need this information to find out what services you need most, and how best to provide them to you. This information will be kept confidential and will be released only to federal, state, local and other agencies as necessary for the administration of the social services and related assistance programs. You have the right to review any files maintained on you by this agency or by the State of California, Department of Social Services, Office of Refugee Services.

I hereby request services from your agency and approve the release of any or all data above with the understanding that all information shall be kept strictly confidential and may be transmitted only with utmost caution to: legitimate personnel of appropriate agencies for the express purpose of providing services to me; to the State Department of Social Services for statistical and Program Management purposes; and to approved agencies for purposes connected with the administration of Public Assistance Programs.

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APPLICANT'S SIGNATURE

DATE



I declare under penalty of perjury that the information which I have provided to complete this application and assessment form is true and correct and that I have not omitted any relevant information.

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APPLICANT'S SIGNATURE

DATE



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**TO BE COMPLETED AND SIGNED BY THE INTERVIEWER AND/OR INTERPRETER. (Complete Section 1, or 2 below)**

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**SECTION I.**

I \_\_\_\_\_ read the above four paragraphs to \_\_\_\_\_  
(INTERPRETER/INTERVIEWER NAME) (APPLICANT NAME)

on \_\_\_\_\_ in the \_\_\_\_\_ language. All information contained  
(DATE) (LANGUAGE)

in the above paragraphs was discussed with the applicant and all of the applicant's questions regarding the information were answered to his/her satisfaction.

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INTERPRETER/INTERVIEWER SIGNATURE

DATE

**SECTION II.**

\_\_\_\_\_ read the above four paragraphs in English on \_\_\_\_\_  
(APPLICANT NAME) (DATE)

All of the information contained in the paragraphs was discussed with the applicant and all of the applicant's questions regarding the information were answered to his/her satisfaction.

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INTERPRETER/INTERVIEWER SIGNATURE

DATE



## REFUGEE RESETTLEMENT PROGRAM SERVICES APPLICATION AND ASSESSMENT – INSTRUCTIONS

### A. Welfare Case Number - Mandatory Referred Cash Assistance Clients Only

Enter the full case number from the RS 3, item 3.

### B. CIU/CIP/Referral Agency

Enter the name and address of the Central Intake Unit/Central Intake Point

### C. Date of Application

Enter the current date.

### D. Mandatory Cash Assistance Clients

Check the YES box if the client was mandated to apply for services by the CWD/EDD. If not, check the NO box.

### PART A.

#### 1. Basic Characteristics

Enter the client's last name, first name and middle initial.

#### 2. Sex

Check either male or female.

#### 3. Address - Zip Code

Enter the client's address by number, street, city and zip code. (Enter either the 5 or 9 digit zip code which is applicable for your area.)

#### 4. Age

Check the appropriate box indicating the client's age.

#### 5. Client's Phone Number

Enter the client's telephone number and area code.

#### 6. Social Security Number

Enter the client's Social Security Number. If the client does not yet have a Social Security Number, write "none". Disclosure of the Social Security Number is voluntary. Eligibility for services **cannot** be affected if the number is not disclosed.

#### 7. Alien Number

Enter the client's Alien Number as shown on the Form I-94.

#### 8. Camp English Proficiency Level

Check the appropriate box indicating the level from the "Certificate of Proficiency" or from the I-94 issued to the client at the Overseas Resettlement Camp.

#### 9. Prior Education

Check the appropriate box indicating the highest level of education the client has completed.

#### 10. State of Initial Resettlement

Check the appropriate box indicating if the client was initially resettled in California or in another state.

#### 11. Date of Entry

- a. Enter the month and year the client entered the United States as shown on the Form I-94.
- b. Check the appropriate box to indicate the amount of time the client has been in the United States.

#### 12. Country of Origin

Check the appropriate box for either the country or the geographic area the client had to initially flee. The list below is provided to help assign a specific country shown on the I-94 form to a geographic area.

##### Other Middle East.

Includes any other middle eastern country other than Iran, Iraq, and Afghanistan.

##### Laos.

Includes Hmong/Highland Lao.

##### Other South East Asia.

Includes any Asian country other than Vietnam, Cambodia and Laos.

##### Caribbean/Latin America.

Includes Cuba, Haiti, and any other country in the Caribbean Basin and in Central and South America.

##### Other Africa.

Includes Somalia and any other country on the African Continent.

##### Other Eastern European.

Includes Albania, Czechoslovakia and Bulgaria.

#### 13. Employment Status

Check the employment status at the time of application by the client. Full-time is defined as working 40 hours or more per week, except where fewer hours are normal for the occupation, but never less than 30 hours. **Enter the approximate number of hours the client is employed during a typical week. This describes employment only, not services participation.**

## II. Eligibility Summary

### 14. Cash Assistance Status

- a. Check YES if client is receiving cash assistance

if item a is YES, then go to item b

if item a is NO, then go to item c

- b. Check the box for the appropriate aid type – to determine the correct aid type, refer to the first two digits of the Welfare Case Number on the RS 3.

**RCA** is aid code 01

**AFDC FG** is aid code 30

**AFDC U** is aid code 35

**GR/GA** is different in each county

**MG or R & P** will have no “aid type”

Enter the AU size from the RS 3, item 2 (CIU Referral Form).

### c. Monthly Family Income/Non Cash Assistance Clients Only

Check the appropriate box indicating the approximate income available for the client. Also, enter the number of persons in the family. A family includes: spouse, children, stepchildren and guardianships under 18, who share a common residence. The 18 year old child is to be included in the family if he/she is attending high school or a vocational/technical training program full-time and will graduate before his/her 19th birthday.

### 15. Current Student Status

- a. Check the student status of the client at the time of application.
- b. If the client is a full-time student, check the type of school the client attends.

### 16. Is Client....

Check the appropriate box indicating if the client is a refugee/entrant, if the client is 16 years old or older, if the client is a full-time student in primary or secondary school and if the client is eligible for services. For the client to be eligible for services, items a and b must be checked YES and item c must be checked NO. If client is ineligible for other reasons, specify reasons in the space provided.

## PART B. ASSESSMENT

As the CIU/CIP/Referral Agency Worker interviews the client, he/she will complete questions 17-21. Based on the responses to the questions, the CIU/CIP Worker will assess the client's level of employability. Levels of employability are defined as follows:

1. Level I The eligible refugee needs employment services only.
2. Level II The eligible refugee needs more than employment services but does not need the full range of services (e.g., employment services and ESL only).
3. Level III The eligible refugee needs the full range of services (employment, ESL, VESL, Vocational Training, OJT, Work Experience and Educational Services).

## PART C. SELF-SUFFICIENCY/EMPLOYABILITY SERVICE PLAN AND PROGRESS RECORD

### Services Plan

The CIU/CIP/Referral Agency (henceforth referred to as “Referral Agency”) Worker will complete this Plan based on the results of Part B. Include services to any member of the AU that increase the likelihood that the AU will earn enough to become self-sufficient. The specific services, service providers, referral dates and anticipated dates for completion must be included. The worker will sign and date the application and obtain supervisorial approval. It is the supervisor's responsibility to ensure the client is eligible for services, the assessment has been completed, and the employment plan is accurate and appropriate for the client.

### Progress Record

The services provider, to which the client has been referred, is responsible for completing the Progress Record. This includes the specific service and level provided, the Referral Agency who is providing the service, the actual start and completion dates, the drop date and reason, and an authorized signature. The Referral Agency is responsible for updating the Referral Agency client case files from the progress report completed by the service providers. This should be done every time a client returns to the Referral Agency.

## PART D. FAIR HEARING STATEMENT AND WAIVER OF CONFIDENTIALITY

Immediately upon completion of Parts A, B, and C, the Fair Hearing and Waiver of Confidentiality Statements must be signed and dated by the client and the Referral Agency Worker. If the client cannot read the statements and/or cannot understand them, it is the responsibility of the Referral Agency Worker to explain them and to ensure that the client understands them before he/she signs.